

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 557 351

FILING DATE

11-18-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
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8						
9						
10						
11						
12						
13						
14	1		1			
15						
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22						
23						
24						
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26						
27	1		1			
28						
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32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42		⊙		⊙		
43		⊙		⊙		
44		⊙		⊙		
45						
46						
47						
48						
49						
50		⊙		⊙		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		⊙		⊙		
52		⊙		⊙		
53		⊙		⊙		
54		⊙		⊙		
55		⊙		⊙		
56		⊙		⊙		
57		⊙		⊙		
58		⊙		⊙		
59		⊙		⊙		
60		⊙		⊙		
61		⊙		⊙		
62		⊙		⊙		
63		⊙		⊙		
64		⊙		⊙		
65		⊙		⊙		
66		3		3		
67		3		3		
68						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	65	←		←
TOTAL CLAIMS			68			

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